

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752670

1. Entity Name

ARAPAHOE FARMS, INC.

Principal Place of Business

C/O CASTLE GROUP  
P O BOX 189013  
PLANTATION FL 33318  
US

Mailing Address

C/O CASTLE GROUP  
P.O BOX 189013  
PLANTATION FL 33318-9013  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2191475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CASTLE PROPERTY SERVICES GRUPP INC~~  
4450 W SUNRISE BLVD  
C-100  
PLANTATION FL 33313

Name Castle Management Inc.

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Gail H. Sangrett

Gail H. Sangrett, V.P. - Admin.

1/26/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> Delete |
| NAME           | CORNBLATT, GAIL       |                                 |
| STREET ADDRESS | 3330 S.W. 59 ST.      |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL     |                                 |
| TITLE          | STD                   | <input type="checkbox"/> Delete |
| NAME           | SCHWARTZ, JEAN        |                                 |
| STREET ADDRESS | 3321 S.W. 57TH PL.    |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL     |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | HOFFELD, CATHY        |                                 |
| STREET ADDRESS | 5811 SW 33RD LANE     |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL     |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | COPLIN, ALAN          |                                 |
| STREET ADDRESS | 3340 SW 59 ST         |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL      |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | PLATI, MARCI          |                                 |
| STREET ADDRESS | 5910 NW 33RD LANE     |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL      |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | GREENBERG, LAURENCE A |                                 |
| STREET ADDRESS | 5911 SW 33RD LANE     |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL      |                                 |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gail Cornblatt Gail Cornblatt, President 1/26/00 954-792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90064 022 \*\*\*\*61.25